

**\*\*Please send a copy of Drivers License, Voided Check and Articles of Incorporation or City Business License for each location in addition to beneficial ownership information requested below- each person or entity that owns 25% or more must fill out a setup sheet please\*\***



### **Payment Application Setup Sheet**

Corporation Name(LEGAL NAME): \_\_\_\_\_

Corporation Address: \_\_\_\_\_

Corp Phone Number: \_\_\_\_\_ Date Business Started \_\_\_\_\_

Corporation Tax Id: \_\_\_\_\_ Type of Entity(Corp or LLC) \_\_\_\_\_

Type Of Business: \_\_\_\_\_ State Formed in \_\_\_\_\_

DBA Name: \_\_\_\_\_

DBA Address: \_\_\_\_\_

DBA Phone Number: \_\_\_\_\_

E-Mail for Online Access: \_\_\_\_\_

Owner First and Last Name: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

How Long Lived at address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Owner Cell Phone Number: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Exp/Issue date: \_\_\_\_\_

Owner Date Of Birth: \_\_\_\_\_ Owner Social: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_

**\*\*Ownership information including social required for anyone with 25%+ ownership per FinCen KYC requirements, Please fill out one Setup sheet for each Owner\*\*\***

**[Support@mypayco.com](mailto:Support@mypayco.com) P:888-908-2638 F:310-935-0779**

**\*\*\*Please note the credit criteria for additional information may be required. [Please send 2 months Processing Statements](#) with setup sheet if monthly volume exceeds 50k\*\*\***

<b>TYPES OF PRODUCTS THEY SELL:</b>	
<b>DO THEY PROCESS ONLINE (WEB SALES):</b>	
<b>BUSINESS WEBSITE:</b>	
<b>WEB DEVELOPER CONTACT INFORMATION AND COMPANY NAME:</b>	
<b>DO THEY HAVE AN IT COMPANY:</b>	
<b>CONTACT INFORMATION FOR IT COMPANY:</b>	
<b>NAME OF INTERNET COMPANY: (SPECTRUM/ATT):</b>	
<b>DO THEY USE DYNAMIC OR STATIC INTERNET:</b>	
<b>VERIFY SWITCH/ROUTER ARE IN GOOD CONDITION:</b>	
<b>ADDITIONAL POC FOR BUSINESS:</b>	
<b>EQUIPMENT: Type of Equipment? How much? Merchant owned or new? IP or dial?</b>	
<b>AVERAGE/ESTIMATED TRANSACTION AND MONTHLY VOLUME:</b>	
<b>NAME AND TITLE OF PERSON SIGNING PAPERWORK IF DIFFERENT THAN OWNER:</b>  <b>NAME:</b> _____  <b>TITLE:</b> _____	<b>PLEASE MAKE SURE THE FOLLOWING ARE ATTACHED:</b> COPY OF DRIVERS LICENSE: COPY OF ARTICLES OF INCORPORATION: COPY OF MERCHANT STATEMENT: VOIDED CHECK FOR DEPOSIT ACCOUNT:
<b>HOW DOES THE BUSINESS PROCESS TRANSACTIONS?</b> <b>MUST EQUAL 100%</b> <b>SWIPE %</b> <b>CARD NOT PRESENT %                      MOTO %</b>	
<b>TYPE OF POS SYSTEM THEY ARE USING?</b>	
<b>VERSION NUMBER OF SOFTWARE?</b>	
<b>NAME OF POS RESELLER(PERSONS NAME/NUMBER: COMPANY NAME AND PHONE NUMBER:</b>	
<b>EQUIPMENT CHECKLIST:</b>	
<b>ARE THEY USING EMV TERMINALS?</b>	
<b>ARE THEY RUNNING STAND ALONE/INTEGRATED?</b>	
<b>TERMINAL MAKE/MODEL AND QUANTITY:</b>	
<b>INSTALLATION POINT OF CONTACT:</b>	
<b>ADDITIONAL EQUIPMENT NEEDED FOR INSTALLATION: (ROUTER, SWITCH, CABLES)</b>	
<b>INSTALLATION DATE AND TIME:</b>	
<b>PRICING:(DISCOUNT RATE/AUTH / MONTHLY)</b>	
<b>PREFERRED PAYCO PLATFORM:</b>  <b>ELAVON:</b> <b>FIRST DATA:</b> <b>TSYS:</b> <b>VANTIV/WORLDPAY:</b>	<b>NOTES FOR ACCOUNT:</b>

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